## Request for Review – Personal Property

County Legislative Body

UCA §59-2-1005 Form PT-017 PT-017.ai Rev. 8/01

| Business and Owner Information  |                        |                   |                                       |
|---|------------------------|-------------------|---------------------------------------|
| Business name   |                        | Account number    |                                       |
| Business street address   |                        |                   |                                       |
| City  |                        | State             | Zip                                   |
| Owner's name  |                        | Telephone number  |                                       |
| Owner's mailing address   |                        |                   |                                       |
| City  |                        | State             | Zip                                   |
| Reason for appeal Attach supporting documentar  | tion                   |                   |                                       |
|   |                        |                   |                                       |
|   |                        |                   |                                       |
|   |                        |                   |                                       |
|   |                        |                   |                                       |
|   |                        |                   |                                       |
|   |                        |                   |                                       |
|   |                        |                   |                                       |
|   |                        |                   |                                       |
|   |                        |                   |                                       |
|   |                        |                   |                                       |
|   |                        |                   |                                       |
| Office Use Only   |                        |                   |                                       |
| Audit code  | Date received          |                   |                                       |
| Appointment date and time   | Received by (initials) |                   |                                       |
| Taxpayer's Rights   |                        |                   |                                       |
| I do not wish to appear before the county legislative body consideration of the information submitted. I understand Commission If I am not satisfied.         |                        |                   |                                       |
| Certification and Signature   |                        |                   |                                       |
| I certify that all statements here and before the county legislative knowledge. I understand that all information submitted to the county, are public record. |                        |                   |                                       |
| Signature of: Owner Other:  |                        | orization attache | ed (if signature is from\<br>e owner) |
| X   | Date:                  |                   | •                                     |